

**Cabinet for Health and Family Services
Office of Health Policy
Data Advisory Subcommittee
Tuesday, November 30, 2010
1:00 PM – 3 PM
CHFS Public Health Auditorium, Suite A**

Agenda

- I. Welcome and Opening Remarks
- II. Approval of Minutes (July 12, 2010)
- III. Non-Compliant Facilities for July 1, 2009 through June 30, 2010
- IV. Status of Ambulatory Facilities that are still not reporting
- V. Proposed changes to the Health Information Web Site
- VI. Update on IPOP implementation
- VII. Designation of Primary CPT
- VIII. Draft Annual Report to LRC
- IX. Update on Data Reporting Regulation
- X. Adjourn

**Cabinet for Health and Family Services
Office of Health Policy
Data Advisory Subcommittee
Monday, July 12, 2010
1:00 PM – 3:00 PM
CHFS Distance Learning Center, Suite B**

MEMBERS PRESENT:

James Berton
King's Daughters Medical
Center

Ron Crouch
Education and Workforce
Development Cabinet

Dr. John Lewis

Tim Marcum
Baptist Hospital East

Chuck Warnick
Kentucky Hospital
Association

Ben Yandell
Norton Healthcare

MEMBERS ABSENT:

Sherill Cronin, Ph.D.
Bellarmine University

Carol Ireson
University of Kentucky

Louis Kurtz
Dept. for
Behavioral Health,
Developmental and
Intellectual
Disabilities

Dr. Ruth Shepherd
Department for Public Health

STAFF: CHFS, Department for Public Health
Charles Kendell

Office of Health Policy
Beth Morris Chandra Venettozzi

GUESTS: Marie Cull, Cull, Hayden and Vance

Kentucky Injury Prevention and Research Center
Shannon Beaven Mike Singleton

CALL TO ORDER

Charlie Kendell called the meeting to order in the CHFS Distance Learning Center, Suite B.

WELCOME AND OPENING REMARKS

Charlie welcomed the subcommittee and guests.

APPROVAL OF MINUTES

Minutes from the meeting of March 18, 2010 were approved as distributed.

STATUS OF DATA SUBMISSIONS FOR AMBULATORY FACILITIES

Chandra Venettozzi provided an update on the status of data submissions for ambulatory facilities. Twenty-eight ambulatory surgical centers have been contacted. As of the end of the 1st quarter 2010, twenty of those have indicated to Chandra that they are submitting, though she does not have the files yet. Five facilities are testing and one center will be working with a new vendor so they are early in the process. Two agencies are still having significant problems. There are eighteen other facilities, such as ambulatory care centers, mobile health services, and SMTs. Six of those were reporting at the end of the 1st quarter. Eight are now testing, three that are just getting started and one that is that might have problems.

DISCUSS DRAFT FREE-STANDING AMBULATORY FACILITY REPORT

Chandra presented the draft Report of Free-Standing Ambulatory Facility Utilization in Kentucky. Tri-State Gastroenterology, Baptist Physicians' Surgery Center, and Dupont Surgery Center were not included in the report because they are already reporting. The report was centered on the new facilities identified by OIG. Chandra received the data for this report last Monday and she was not able to run a detailed report prior to the meeting. She hopes to have a more detailed report by the next meeting. She asked if there is anything specific that the subcommittee would like to see in the report. The next report will include procedure data.

UPDATE ON IPOP IMPLEMENTATION

Chuck provided an update on the Kentucky Inpatient Outpatient data collection system (IPOP). KHA has requested that all facilities to submit batch files for both inpatient and outpatient where appropriate, specifically for each facility. These batch files were used as a test of the parsers that bring the data from the files submitted to make sure the data was structured properly. Melanie Moch has been a great deal of time over the last two months making sure the edits and the parser are functioning properly. Problems have been identified with the 837 format. KHA has gone back taken a look at each record to determine which exception makes sense vs. whether hospitals will need to fix the error due to the fact that they were not using the correct file layout. There has been good cooperation for the facilities that have had problems. Following the last subcommittee meeting, Chuck and Chandra discussed missing information for a large number of facilities on the outpatient side. The next step is to obtain batch files from those facilities.

There are two issues to be resolved before training can begin: completion of the data training manuals and some adjustments to the system that will be used by facilities. Training is estimated to begin during the last week of July or the first week of August.

STATUS ON NEW DATA REPORTING MANUALS AND UPDATE TO DATA REPORTING REGULATION

Melanie is waiting for the waiting for the final screen shots from the actual system. It is anticipated that they will be available on July 23. Every reporting facility was given a manual to review and comment on. Those comments have been incorporated and the regulation will be sent over on July 31. It will be filed August 15.

DISCUSS EMERGENCY DEPARTMENT UTILIZATION REPORT

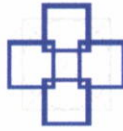
This report is a revised version of an earlier report that was presented to the subcommittee. The report has been updated to include 2008 late load data, as well as 2009 data. It is entirely ICD9 code-driven. The report was intended to include people who were treated in an Emergency Room or held for an observation stay and were discharged. Charlie stated that this report will be more valuable over time due to changes due to changes with health care reform and other things that will occur to shift it tremendously. Minor revisions were requested by the group and the report will be referred to the Secretary's Advisory Committee on Health Care Transparency for their review.

For the next meeting, Charlie would like to bring in Jeff Brady, former CEO of Appalachian Regional Hospital chain. He is now the Executive Director of the Governor's Office of Health Information Exchange. Jeff will be developing a state plan by the middle of August.

The next meeting of the Subcommittee is September 14.

ADJOURN

The meeting was adjourned.



Kentucky Hospital Association

Identification of Primary CPT®/HCPCS Code for Kentucky State Database For The Secretary's Committee on Transparency Data Advisory Subcommittee November 30, 2010

Background

CPT®/HCPCS codes do not appear in the order of importance on the billing record. Unlike principle ICD-9 procedure codes used in the past, there are no "principle" CPT®/HCPCS codes used for payment of the claim.

The Nebraska Hospital Association uses APC weight tables to identify a principle or primary CPT®/HCPCS code for each outpatient record.

Methodology

Using the APC weight tables from CMS, each CPT®/HCPCS field in the outpatient record is examined. If the field is populated, the corresponding weight is compared to all other CPT®/HCPCS fields and their corresponding weights within the record. The code of the populated CPT®/HCPCS field with the highest weight is appended to the record in a new field titled Primary CPT®.

Testing

Formulae were constructed in an Excel workbook and tested against data from the outpatient records (not the revenue file record) for five facilities (Baptist Hospital Northeast, Norton Brownsboro, St. Elizabeth Healthcare, University of Louisville Hospital and University of Kentucky Hospital). Detailed comparison of the test data to internal data by Norton and UK concluded this methodology would produce acceptable results. The work team from the KHA Statewide Data Committee recommended adoption. This plan was subsequently adopted by the KHA Statewide Data Committee.

The addition of the Primary CPT® field and the definition of CPT®/HCPCS product lines have been completed in the current beta version of KHA InfoSuite. These functions are currently being tested by members of the KHA State Data Committee – CPT® Workgroup. Once the beta testing is complete, all users of KHA InfoSuite will have access to the Primary CPT®/HCPCS. KHA will prepare a new master dataset for Outpatient Data 2008 forward with the addition of the Primary CPT® field. This new dataset will be provided to the Cabinet as a replacement for previous versions.

The work group also reviewed the product line assignment for CPT®/HCPCS codes. The product line assignments followed, in general, the organization of CPT® codes. A sample report for 2010 Q2 is available for circulation and review. This product line definition will be available in KHA InfoSuite as well.

Impact of Other Issues

Several facilities submitting using the COMPdata 837 file format were missing the 2300 loop and were not populating the CPT® fields in the patient record. Those facilities have until December 31, 2010 to submit corrected data, which will be processed through the KY IPOP system. The KY IPOP system has a specific edit to ensure at least one CPT®/HCPCS field in the record is populated.

The table below gives the count and percentage for each quarter of data collection:

Year	Qtr	Total Cases	Cases with 1st CPT® NULL	% NULL
2008	1	857,039	102,176	11.9%
	2	884,027	76,721	8.7%
	3	951,595	74,522	7.8%
	4	909,408	80,280	8.8%
2009	1	874,045	87,679	10.0%
	2	880,239	91,119	10.4%
	3	927,525	98,630	10.6%
	4	927,828	98,206	10.6%
2010	1	826,590	87,565	10.6%
	2	854,317	40,843	4.8%
Grand Total		8,892,613	837,741	9.4%

Of the 837,471 cases without CPT®/HCPCS codes, 49.5% are from five facilities; 78.8% are from twelve facilities and 89.4% are from 18 facilities. Two of the top seven facilities are from one system. Fifty-six facilities of the 142 facilities had at least one CPT®/HCPCS code in the record for all records submitted.

Plan to Update Records

Until this field is added to each record, facilities cannot fully analyze the data by procedural product line, particularly for areas impacted by facilities with missing data. This is a high priority. KHA will process the replacement data in January 2011, bringing the corrected records into the database.